

BOOKKEEPING CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of
Information collected about new clients is confidential and will be treated accordingly.

GENERAL INFORMATION

Name(s): _____

Address: _____

Primary Telephone: _____ Secondary Telephone: _____

Email: _____ Secondary Email: _____

ENTITY INFORMATION

Legal Name: _____ DBA: _____

Address: _____

Primary Business Activity/Type: _____

Sole Proprietor Partnership S-Corp Corporation LLC Non-profit LLP Individual

Date of Incorporation: _____ Tax ID: _____

Calendar Year Fiscal Year If fiscal, what is year-end? _____

Gross Yearly Revenue: \$ _____ Number of Employees: _____

OFFICER / OWNER INFORMATION

Name	Title	Ownership Percentage
		%
		%
		%
		%
		%
		%
		%

CPA / TAX ACCOUNTANT INFORMATION

Name: _____ Telephone: _____

Address: _____

Email: _____ Fax: _____

INTAKE ASSESSMENT

	Disagree = 0	Agree = 5
My financial statements are current.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I understand my financial statements.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I review my financial statements monthly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I use Key Performance Indicators to measure my business effectiveness in various areas.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
My cashflow is good and easily meets business demands.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
My accounting procedures are well documented in the operations manual.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I meet with my accountant quarterly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I have good banking relationships and receive the greatest value at the lowest cost.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I review liquidity, leverage, efficiency, and profitability ratios regularly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I use the best accounting software for my industry.	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

How is your bookkeeping being done at present?

How many hours are spent on bookkeeping per week? _____

On a scale from 1 to 10 (with 1 being the poor and 10 being excellent), how would you rate your current bookkeeping with regards to: Communication? ___ Timeliness? ___ Cost? ___

Is your financial information useful in making management decisions? Yes No

Do you prepare and review a budget? Yes No -If so, how often? _____

What financial goals have been established?

Is financial information available to monitor progress toward those goals? Yes No

What changes would you like to see in your bookkeeping process?

ACKNOWLEDGMENT

Client signature: _____ Date: _____

Print name: _____